

**Agency Name**

## MATERIALS AND SUPPLIES PHYSICAL INVENTORY

For Fiscal Year ending \_\_\_\_\_, 20 \_\_\_\_\_

Sheet \_\_\_\_\_ of \_\_\_\_\_ Counted By \_\_\_\_\_ Date \_\_\_\_\_

Spot Audit or 2<sup>nd</sup> Count By \_\_\_\_\_ Date \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_

[illegible]